

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
9-18-01 RMB 0930	<p>Rt continues to r/o "bumps/dry skin" which is itchy on scalp. x 2 1/2 months, not alleviated by polysporine. Denies: open lesions, diffuse erythema &amp; F/C.</p> <p>O NAD, A+Ox3, Ambulatory, T = 98.4°F, (R) parietal scalp area there is a 2" x 1" patch of eczematous erythematous small vesicular skin. No open lesions.</p> <p>A Tinea Capitis &amp; eczematous (seborrheic dermatitis) component</p> <p>P (1) Wash area BID &amp; soap + H<sub>2</sub>O &amp; dry thoroughly</p> <p>(2) (Rx) Ketoconazole 2% cream apply BID PRN</p> <p>(3) (Rx) Lidex 0.05% cream apply sparingly as directed BID PRN</p> <p>(4) RTC PRN</p> <p style="text-align: right;">Golden P.A. Robin Golden, PA-C Physician Assistant-Cert.</p>
10-18-01 KAB 0820	<p>S- Pt. reports requesting refill of Lidex cream for scalp. He states the area is much improved but not resolved completely. He denies any pruritis, open lesions or bleeding.</p> <p>O- NAD A+Ox3</p> <p>Temp 98.2°F, 1" x 1" erythematous macular patch @ (R) parietal area &amp; scaling, vesicles. Area is not draining &amp; appears to be healing/resolving.</p> <p>A- Tinea Capitis &amp; eczematous component - resolving</p> <p>P- (1) Cont. to wash area as instructed</p> <p>(2) Will refill Ketoconazole</p> <p>(3) Lidex 0.05% cream apply sparingly as directed BID PRN</p> <p>(4) RTC PRN</p> <p style="text-align: right;">Kristin Basci PA-C</p>

NSN 7540-00-694-4176

## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

7/8/00

1226

ADMINISTRATIVE NOTE:

MEDICAL RECORD REVIEWED

THIS DATE: 7/8/00

John McMullen  
EMT/Paramedic

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS  
MAINTAINED  
AT:

PATIENT'S NAME (Last, First, Middle initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

000056

DEPART./SERVICE SSN/IDENTIFICATION NO.

DATE OF BIRTH

Baker, Darryl

19613-039

FCI LORETTO  
Health Services Dept.

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)  
Prescribed by GSA and JCMR  
FIRM (41 CFR) 201-45.505

DATE \_\_\_\_\_

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

BP-S659.60 MEDICAL SUMMARY

FEDERAL PRISONER/ALIEN I

ANSIT CDFRM

MAY 99

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TB Clearance Yes ☒ No ☐1. PPD Completed: 10/4-99  
DateResults: 0x0 mm2. CXR Completed: \_\_\_\_\_  
Date

Results: \_\_\_\_\_

3. Health Authority

Clearance: \_\_\_\_\_

Sign W. Howard Date 6/28/02Note:  
Dates listed above must be within  
one year of this transfer.

Name <u>Baker, Darryl</u>	Prisoner/Alien Reg.# <u>19613-039</u>	D.O.B. <u>6/30/62</u>
Departed From <u>MCKin</u>	Date Departed <u>6-30-00</u>	
Destination <u>Loretto</u>	Reason for Transfer <u>Non Medical</u>	
Dist. Name	Dist.#	Date in Custody ____/____/____

Current 1. EHM 4. \_\_\_\_\_  
 Medical 2. Poly sub. abuse 5. \_\_\_\_\_  
 Problems 3. Ch. LBP 6. \_\_\_\_\_

Medication	Dose	Route	Instructions For Use (Include proper time for administering)	Stop
			Medication Required For Care En Route	
<u>None</u>			<u>None</u>	

Additional Comments - Blood and Body Fluid Precautions

## Special Needs Affecting Transportation

Is prisoner medically able to travel by BUS, VAN or CAR?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is prisoner medically able to travel by airplane?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is prisoner medically able to stay overnight at another facility en route to destination?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is there any medical reason for restricting the length of time prisoner can be in travel status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, state reason
Does prisoner require any medical equipment while in transport status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what equipment?
Sign and Print Name - Certifying Health Authority <u>W. Howard</u>	Phone Number <u>814-362-8900</u>	Date Signed <u>6/28/02</u>

Record copy - Transporting Officer; Copy - Health Record (Top page Position one); Copy - Transferring **000058**

This form may be replicated via WPA, STAMPED, or (N/A) 5501

Medical History Reviewed  
Evidence Body Lice Yes ☒ No ☐  
Medications Yes ☐ No ☒

*Mark Peoria*  
Mark Peoria, PA-C

7/7/00

O.K. For Transfer  
USP Lewisburg

Medications Yes ☐ No ☒

*Edgardo Ong*  
Edgardo Ong, P.A.

*Reviewed 7/7/00 Byich PA C*  
*Byich*

NSN 7540-00-634-4176

600-108

## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

2/25/99

See injury Report.

1300

Patient

History

Special Instructions

Understood

C. Getsick, R.Ph

W. Flatt, MLP

8/19/99.

S - LBP - + 1/2 old injury C/O muscle spasm.

0805

C/O Pain &amp; Ant Flexion @ waste

D - + Spasm bilat lumbar paraspinals, + Pain &amp; Ant Flexion to 300.

A - LBP - spasm.

1 - Motrin 400mg i or ii TID prn. #15 x1

Placed. Muscle Toning &amp; Moist Heat under instructions R.T.C.

Patient Education

Dosage

Special Instruction

C. Oyler, R.Ph

W. Flatt, MLP

12-15-99

See injury report

0730

Eric Kessel  
EMT - Paramedic

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS  
MAINTAINED  
AT:

PATIENT'S NAME (Last, First, Middle initial)

RELATIONSHIP TO SPONSOR

STATUS

SEX

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE SSN/IDENTIFICATION NO.

DATE OF BIRTH

19613-035

000060

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)

Prescribed by GSA and ICMR  
FIRM 141 CFR 120.1-45.505





NSN 7540-00-634-4176

600-108

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
12-30-96 0900	<p>S: pt. still having pain</p> <p>O: pt. has tenderness palpation on spinous muscles</p> <p>L-S area, ⊖ erythema or swelling, can bend forward ~20°, pain on straight leg raise both sitting or lying, good strength, DTR 2+2, N-V intact</p> <p>A: muscle spasm</p> <p>P: 1. <b>PATIENT EDUCATION PROVIDED</b> - ice, meds, rest</p> <p>2. Motrin 800 mg. TID, #15, no refills</p> <p>3. Flix PRN</p> <p>4. idle 2 days</p> <p style="text-align: right;">S. Walter P.A.</p>		
11/25/97 0740	<p>S - Pain ⊕ Side of Neck - onset 2 weeks white</p> <p>History WAs.</p> <p>O - Edema + focal Tenderness ⊕ Ant aspect extends to</p> <p>⊕ Shoulder</p> <p>A - Muscle strain ⊕ Side of Neck</p> <p>Motrin say #2 TID x 1</p> <p>pt. at most Neck QID in discomforts.</p> <p>Rest today</p> <p style="text-align: right;">W. H. Hall M.D.</p>		
<p><b>PATIENT EDUCATION</b></p> <p><input checked="" type="checkbox"/> Dosage</p> <p><input checked="" type="checkbox"/> Specific Instructions</p> <p><input checked="" type="checkbox"/> Adverse Reaction</p> <p>C. Gelsick, R.P.H. <i>[Signature]</i></p>			

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:		FOI/M/KEAN HEALTH SERVICES	
PATIENT'S NAME (Last, First, Middle initial)			SEX
Baker, Darryl			
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE	
	19613-039	000062	

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)  
Prescribed by GSA and ICMR  
FIRM (41 CFR) 201-45.505



DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
1/23/98 0820	<p>S - C/O (D) LBP 2° to lifting w/ in gym T - bending</p> <p>O - Barb - (D) D permanent muscle weakness L5-S1 flex 90°, neg S LBP</p> <p>A - (D) L/S strain</p> <p>P - (D) Idle x 2 days</p> <p>(2) Motrin 800mg TID PRN #21 R x 1</p> <p>(3) PATIENT EDUCATION - back exercises given, rest, heat, med use, &amp; heavy lifting in gym pt understands</p> <p>(4) R/C if &amp; better</p> <p>PATIENT EDUCATION  <input checked="" type="checkbox"/> Dosage  <input checked="" type="checkbox"/> Special Instructions  <input checked="" type="checkbox"/> Adverse Reaction  C. Gelsick, R.Ph.</p> <p>D. OLSON, M.D.</p>

5/19/98 0645	<p>spt 'p' C/P (max pull) - bent abt lifting w/ out last pull was OK but now painful - no bent &amp; pulled</p> <p>(2) instructions -</p> <p>T R/L CS flexion (5) R, w/ TRS (D) persistent w/ neuro intact good strength</p> <p>A LBP, lower strain/strain 5 yd 2° x w/ lift D Idle x 1 d 2° heavy gym</p> <p>IBU 800mg TID #9 2 sing stat</p> <p>PATIENT EDUCATION - most best understood</p> <p>No rec/sport x 1 wk R/C PRN</p> <p>5/19/98</p> <p>T. Montgomery, MLP</p> <p>D. OLSON, M.D. CLINICAL DIRECTOR</p> <p>C. Gelsick, R.Ph.</p>
-----------------	---

### CHRONOLOGICAL RECORD OF MEDICAL CARE

5-13-96

S: "Hurt back" 5-11-96 in Gym wgt lifting - during recovery

1007

Ephedrine pulled muscle in LB

Vision

O: Exam of back flexes to 75° Ext to 20°

N/A

Paraspinal spasm tenderness in upper paraspinal lumbar area @ 5 LB. Achilles/Plantar reflexes active/normal  
Can walk on toes w/o difficulty, gait normal

A: LBP, muscle spasm

P: PATIENT EDUCATION PROVIDED Condition needs discussion older x 2d

CHARTS AGELSICK, R. PH  
Charts Screened for  
Reaction and Rationale  
therapy

CPR Warm moist heat / Massage PAW

Motrin 400 + qid PAW #20

Bleapin 500 + qid PAW #12

Rice, PAW

A. GUNTHER, MD

5/21/96  
0900

S: Patient received trauma to back.

O: Back: 3cm diameter redness over  
sevelly, subscapular tenderness

A: upper back trauma

P: OIBU 400mg  
+ PO 20 x 1 #21

Charts Screened for  
Reaction and Rationale  
therapy

CHARTS AGELSICK, R. PH

CPR

O. Connelly

OWEN CONNELLY, FMG, PA

12-26-96

See injury report

1830

## PATIENT EDUCATION

— Dosage  
— Special Instructions  
— Adverse Reaction  
C. Gelsick, R.P.H.

S. Walter P.A.

SHARONE A. WALTER  
PHYSICIAN ASSISTANT

NSN 7540-00-834-4176

600-108

## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
10/18/95 (730)	Intake Screening, EPPD 10/4/95 D.K. PEL, FMG PA
11/8/95 1160	Physical exam D.K. PEL, FMG PA
11/13/95 1400	S - see above O - WBC 3,300 A - ① Leukopenia P - ① rev CBC J. OLSON, MD CLINICAL DIRECTOR
11/20/95 09:25	S. Pt refers muscular spasm on back of Rt shoulder since 5 days ago, no trauma O: Alert, w/o muscular spasm on Rt back w/ swelling/echinosis seen. No motion deficit. A: Muscle Spasms P: ① Motrin 600 7/8hrs #30 w food, apply heat ② Robax 500 7/8hrs #15 locally ③ Aleve 400 11/20/95 J. GOMEZ-LEON, FMG PA J. MCKEAN HEALTH SERVICES

Charts Screened for Adverse  
Reaction and  
CYNTHIA GELSICK, R. PH

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:	PATIENT'S NAME (Last, First, Middle Initial) Baker, Darryl		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION 000066	
DEPART./SERVICE	SSN/IDENTIFICATION NO. 19613-739	DATE OF BIRTH	

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)  
Prescribed by GSA and ICMR

12/28/95  
1105

① knee pain - sharp, increasing with walking & 1 wk ago right knee joint area on injury - rapidly became worse  
 O: Small joint synovial effusion, (-)  
 Vascular flow (+) veins visible

A: Knee sprain, effusion  
 P: Motrin 400 TID #20  
 Rabeprazole TID #10

PATIENT EDUCATION PROVIDED  
 RTC PRN

No Sports

*[Signature]*  
 MONTGOMERY, FMG, PA

1/30/96  
09:35

S: upper pull muscle x 3 day after long exercise (weight)  
 O: Alert W/O Rt injured on/off when walking pain (mild) w/ swelling, no ecchymosis, no direct trauma hx, no motor deficit

A: Muscle sprain/strain

P: ① Motrin 800 T/8hrs w/food, #20  
 ② PATIENT EDUCATION PROVIDED  
 ③ Rabeprazole 500 T/6-8hrs #12  
 ④ idle x 1 day.

*[Signature]*  
 GOMEZ, FMG, PA



I. Name: Baker Darryl No. 19613039  
 II. Departed From: FDC Milan On: 10-18-95  
 III. Destination: MCK Name of Institution Date  
 IV. Reason for Transfer: \_\_\_\_\_  
 V. Major Diagnosis: Healthy  
 VI. Medication for Care Enroute: None  
 VII. Special Instructions: None

PHOTOGRAPH

VIII. Work Classification:  
 ( ) Regular ( ) Food Service Qualified ☒ Restrictions (explain) Not fully evaluated  
 Recreation Classification:  
☒ Regular ☐ Other  
 ( ) Restrictions (explain) \_\_\_\_\_

Housing  
☒ Regular  
 ( ) Other

Certifying Medical Staff Member

MARIO BAYONETO, PA.

PROGRESS NOTES ENROUTE

Date	Time	Institution*	Symptoms, Findings, Medications, Treatment, Orders, etc.
10-4-95			Ø PPD

INSTRUCTIONS: Original, shall be delivered to Officer in Charge of shipment, who will carry them on a clip board for ready reference and turn them over to the receiving medical personnel at holdover institutions, where they shall serve in lieu of other medical forms. Carbon copy to be packed with prisoner's individual medical file. Bus Drivers will pick up originals from medical department at each holdover institution when shipment is ready to proceed and eventually deliver them to the medical staff at receiving institution. Enter all medical transactions enroute, adding additional sheets, or other records as necessary.  
 \* Signify "Bus" where indicated.

ORIGINAL - Transporting Officer  
 CANARY COPY - To be placed in Unit Health Record, top page in position one  
 PINK COPY - To be retained at the Transferring Institution as Backup

BP-149(60)  
 October 1980

000068

AS REMOVED BY

000069



NSN 7540-00-834-4178

600-108

## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

10-4-95

S - Received FDC - Milan

1375

O - 8 nits, 8 lice

A - Hx of drug abuse

P - informed sick call procedure

MARIO BAYONETO, P.A.

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS  
MAINTAINED  
AT:

PATIENT'S NAME (Last, First, Middle Initial)

Baker, Darryl

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE SSN/IDENTIFICATION NO.

19613-039

DATE OF BIRTH

000070

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)  
Prescribed by GSA and ICMR  
FPMR (41 CFR) 201-45.505



U.S. DEPARTMENT OF JUSTICE  
Federal Bureau of PrisonsMEDICAL RECORD OF FEDERAL  
PRISONER IN TRANSIT

I. Name: Baker, Danny No. 19015-034  
 II. Departed From: F.D.C. MILAN On: 8-7-95  
 III. Destination: ESM Name of Institution \_\_\_\_\_ Date \_\_\_\_\_  
 IV. Reason for Transfer: NON MEDICAL Name of Institution \_\_\_\_\_  
 V. Major Diagnosis: None PHOTOGRAPH \_\_\_\_\_  
 VI. Medication for Care Enroute: None  
 VII. Special Instructions: C.D.C. UNIVERSAL PRECAUTIONS ARE TO BE  
OBSERVED WHEN TRANSPORTING ANY INMATE.

## VIII. Work Classification:

☐ Regular ☐ Food Service Qualified

☐ Restrictions (explain) not fully evaluated

## Recreation Classification:

☒ Regular

☐ Restrictions (explain) \_\_\_\_\_

## Housing

☒ Regular

☐ Other \_\_\_\_\_

DAVE ANDERSON, HSA

Certifying Medical Staff Member

## PROGRESS NOTES ENROUTE

Date	Time	Institution*	Symptoms, Findings, Medications, Treatment, Orders, etc.
6-9-95			PPD

INSTRUCTIONS: Original, shall be delivered to Officer in Charge of shipment, who will carry them on a clip board for ready reference and turn them over to the receiving medical personnel at holdover institutions, where they shall serve in lieu of other medical forms. Carbon copy to be packed with prisoner's individual medical file. Bus Drivers will pick up originals from medical department at each holdover institution when shipment is ready to proceed and eventually deliver them to the medical staff at receiving institution. Enter all medical transactions enroute, adding additional sheets, or other records as necessary.  
 \* Signify "Bus" where indicated.

ORIGINAL - Transporting Officer

CANARY COPY - To be placed in Unit Health Record, top page in position one

PINK COPY - To be retained at the Transferring Institution as Backup

000072

BP-ADMIN 71

October 1980

NSN 7540-00-694-4178

600-108

## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

6/8/95

32 BM NK (A)

1525 (B) R &amp; D intake seen

(C) @ luc?

(D) Polysub. abuse

(E) Informed write of S/C sign-up procedure

Stephen Gidel PA

STEPHEN GIDEL, PA  
PHYSICIAN ASSISTANT

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

FDC-Milan, Mi.  
Milan, MI 48160RECORDS  
MAINTAINED  
AT:

PATIENT'S NAME (Last, First, Middle Initial)

BAKER, DARLYL

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE SSN/IDENTIFICATION NO.

19613-039

DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)  
Prescribed by GSA and ICMR  
FIRM (41 CFR) 201-45.505

Case 1:05-cv-00147-SAB Document 99-9 Filed 03/16/2006 Page 23 of 40

\*U.S. Government Printing Office: 1994 — 300-892/10075

STANDARD FORM 600 BACK (REV. 5-84)

000074







16 Aug 2004 07:49 FROM:LABCORP I

BLK

TO:13304247180

L TRP

PAGE 001

To: FCI Elkton-Camp. Medical

Specimen #	Type	Primary Lab	Report Status	Pg
226-430-5050-0	R	CB	Final	1
Time 0900				
Spec: THROAT				
ID: BDM34123615				
Name: BAKER, DARYL		Sex: M	Age (Yr/Mo):	
Date Received:		Date Reported:		0000

**LabCorp**  
Laboratory Corporation of America

Clinical Information		Fasting: N
Physician ID	Patient ID	
BARNES	19613039	
Account: FCI Elkton-Camp. Medical		34123615
Fax: 330-424-7180		
8730 Scroggs Rd		
Elkton, OH 44415		
330-424-7448		

RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Beta hemolytic Streptococcus A Only	Final report			CB
				CB

Beta hemolytic Streptococci

Penicillin continues to be the drug of choice for infections caused by beta hemolytic streptococci in groups A,B,C and G. No penicillin resistance has been described among these organisms and surveillance for emerging resistance is not recommended. (Sahm, DF. Clinical Microbiology Newsletter, Jan. 1994; Gordon, KA, et al. Diagnostic Microbiology and Infectious Disease, June, 2002.)

Lab: CB LabCorp Dublin

Director: Rose Goodwin, MD

6370 Wilcox Road Dublin, OH 43016-1296

For inquiries, the physician may contact: Branch: 800-542-7708 Lab: 614-889-1061  
Last Page of Report

ROSS QUINN, M.D.  
MEDICAL OFFICER

AUG 30 2004

JANE M. BARNES  
Physician Assistantpt tx given  
August  
8/13/04

This document contains private and confidential health information protected by state and federal law. If you have received this document in error, please call 800-542-7708

REPORT

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Report Date: 08/16/04 Report Time: 07:47 ET All Rights Reserved

BAKER, DARYL

000077

Levittown, PA 19058

(215) 943-0700

PAGE: 1

SHANTY RDS

114)362-B 900 X4

PATIENT: BAKER, DARRYL  
 AGE: 33 YRS SEX: M  
 DATE OF BIRTH: 06/30/62  
 PATIENT ID NO.: 19613039  
 COLLECTION TECH: RA

SAMPLE ID: 1101626  
 DRWN: 02/22/96 13:30  
 RCVD: 02/26/96  
 PRNTD: 02/27/96 12:30  
 STATION:  
 ROOM...:  
 BED...:

REPORT \*\*

ATTENDING PHYS: OLSON

NAME	NORMAL	OUT OF RANGE	UNITS	REFERENCE RANGE
FF	..0..			
WBC COUNT		0.7 L	K/uL	4.6-10.2
WBC CELLS		4.66 L	M/uL	4.69-6.13
IN		13.1 L	g/dL	14.1-18.1
IT		41.7 L	%	43.5-53.7
	89.5		fL	80.0-97.0
	28.2		pg	27.0-31.2
		31.5 L	g/dL	31.8-35.4
COUNT.	213		K/uL	142-424
	13.3		%	11.6-14.8
DIFFERENTIAL				
ILS	53.1		%	37.0-80.0
TES	41.0		%	10.0-50.0
S	1.8		%	0.0-12.0
ILS	3.9		%	0.0-7.0
S	0.2		%	0-3.0

DIFFERENTIAL CONFIRMED BY MANUAL OBSERVATION.  
 NOTE; SAMPLE IS VERY OLD, RESULTS MAY BE INVALID

OLSON, MD  
 CLINICAL DIRECTOR

KANE COMMUNITY HOSPITAL  
Clinical Laboratory  
N. Fraley St. P.O. Box 778  
Kane, PA 16735  
James D. Blanding, Jr., M.D. Director (814) 837-8585

Patient: BAKER, 19613-039

Location: FCI

*Darryl*

Doctors: OLSON, DENNIS M.D.

Case #: 39402

Med Rec #: 16475

Service: FCI

## \*\*\*\*\* Hematology \*\*\*\*\*

	WBC x10 <sup>3</sup>	RBC x10 <sup>6</sup>	HGB g/dl	HCT %	MCV fl	MCH pg	MCHC g/dl	PLT x10 <sup>3</sup>
Ref	4.8	4.20	12.0	37.0	80	27.0	33.0	130
Range:	10.8	6.10	18.0	52.0	99	37.0	37.0	400
12/08/95 1549	3.7 L	4.79	13.9	41.8	87	29.0	33.2	255

	RDW %	MPV fL	LYMH %	MONO %	GRAN %
Ref	11.6	7.4	15.0	1.7	42.2
Range:	16.5	11.0	41.0	9.3	75.2
12/08/95 1549	12.7	8.3	29.1	11.3 H	59.6

MANUAL DIFF:	BAND %	SEG %	LYMPH %	MONO %	EOS %	BASO %	META %	MYELO %	OTHER %	NRBC /100 WBC
12/08/95 1549	1	60	30	7	2					

*↑ lymph*  
*some X in WBC*  
*✓ WBC*

D. OLSON, MD  
CLINICAL DIRECTOR

*S. Czekaj, MT*  
S. CZEKAJ, MED. TECH.

000079

BAKER, 19613-039

FCI

06031962 M Age: 31

KANE COMMUNITY HOSPITAL  
Clinical Laboratory  
N. Fraley St. P.O. Box 778  
Kane, PA 16735  
James D. Blanding, JR., M.D. Director (814) 837-8585

Patient: BAKER, 19613-039

*Sample*

Location: FCI MCKEAN

Doctors: OLSON, DENNIS M.D.

Case #: 37303

Med Rec#: 16475

Service: FCI

## +++++ Hematology ++++++

	WBC x10 <sup>3</sup>	RBC x10 <sup>6</sup>	HGB g/dl	HCT %	MCV fl	MCH pg	MCHC g/dl	PLT x10 <sup>3</sup>
Ref	4.8	4.20	12.0	37.0	80	27.0	33.0	130
Range:	10.8	6.10	18.0	52.0	99	37.0	37.0	400
11/08/95 1604	3.3 L	4.61	13.9	39.4	86	30.2	35.3	222

  

	RDW %	MPV fL	LYMH %	MONO %	GRAN %
Ref	11.6	7.4	15.0	1.7	42.2
Range:	16.5	11.0	41.0	9.3	75.2
11/08/95 1604	12.7	8.3	30.1	9.2	60.7

*OLSON, MC*  
CLINICAL DIRECTOR

FCI, McKean  
PO Box 5000  
Bradford, PA 16701

*S. Czekai, MT*  
S. CZEKAI, MED. TECH.

BAKER, 19613-039  
11/08/95 13:05 Laboratory Daily Summary

000050  
FCI MCKEAN 06031962 M Age: 33  
Page # 1

FEDERAL MEDICAL CENTER CLINICAL LABORATORY  
 2110 EAST CENTER STREET

Laboratory Supervisor: ROCHESTER, MINNESOTA 55903  
 Daryl Aaberg (507) 287-0674 EXT. 503

Page: 1

Printed: 06/14/1995 @ 14:17

\*\*\* FINAL REPORT \*\*\*

Name: BAKER, DARYLL

[ 9343 ]

ID: 19613-039

--Test Name-----Result-Abnormal-Flag--Units-----Reference Range-----

Collection Cmt. Collected by Referring Institution

COMP BLD CNT

White Blood Ct	4.4	x10 <sup>3</sup> /ml	3.8	10.8
Red Blood Ct	4.73	x10 <sup>6</sup> /ml	4.60	5.76
Hemoglobin	14.1	g/dl	14.0	16.0
Hematocrit	40.7	%	40.0	48.0
MCV	86	fl	83	96
MCH	29.7	pg	27.0	33.0
MCHC	34.6	%	32.0	35.0
RDW	12.1	%	0.0	14.0
Platelet Ct	202	x10 <sup>3</sup>	175	400
RPR	Non-Reactive			

-- End of Laboratory Report --

Tests | COMP BLD CNT  
 ordered|

ID : 19613-039

Name: BAKER, DARYLL

Ordered By: DR. PARKER

Collected : 06/13/1995 09:00

DOB: 06/30/1962 Age: 32

Lab Acn#: 9343

Loc: FCI Milan CAMP

Reviewed

000051

FSU 2

FCI—ELKTON

NAME: DARRYL BAKER  
PATIENT #: 19613-039  
PHYSICIAN: QUINN  
D.O.S.: 3-28-05

## CT SCAN OF THE ORBITS

**HISTORY:** Left orbital fracture.

**TECHNIQUE:** Axial and coronal sections are obtained through the orbits.

**FINDINGS:** The patient's history states left orbital fracture. On today's exam visualized portions of the paranasal sinuses appear clear. There is some nasal septal deviation towards the left. The left frontal sinus is hypoplastic. The globes and the optic nerve appear fairly symmetric. There appears to be a fracture involving the left orbital floor. Absence of bone is noted involving the posterior aspect of the orbital floor and lateral aspect. This is near but does not extend to the apex. The inferior rectus muscle extends to this defect but does not definitely appear to be entrapped. Minimal left maxillary sinus mucosal thickening is present. I suspect this is not an acute fracture. I see minimal if any soft tissue swelling. Artifact from dental hardware limits our evaluation slightly. The uncinate process appears intact bilaterally. Osteomeatal units appear to be intact. On axial images there is a question of a subtle possibly healed fracture involving the left lateral orbital wall.

**Impression:**

1. There is a bony defect involving the posterior lateral aspect of the left orbital floor. I suspect this represents an area of previous fracture. A small amount of orbital fat extends into this area. The left inferior rectus muscle extends to this defect but not through the defect. It does not appear to be entrapped.
2. Minimal mucosal thickening, left maxillary sinuses. The remainder of the paranasal sinuses appear clear. No air fluid levels are identified.
3. Left frontal sinus is hypoplastic.

CHARLES MUCHNOK, M.D.

CM:dk

000082

4-1305  
WOL

FSL

FCI—ELKTON

NAME: DARRYL BAKER  
PATIENT #: 19613-039  
PHYSICIAN: QUINN  
D.O.S.: 3-28-05

**CT SCAN OF THE BRAIN W/O CONTRAST**

**HISTORY:** Left orbit fracture. °

**TECHNIQUE:** Axial sections are obtained from the base of the skull to the vertex. The patient also is having a CT scan of the orbits. Please see orbit report.

**FINDINGS:** The ventricular system is midline without evidence for hydrocephalus, mass effect, or midline shift. No intra-axial or extra-axial fluid collection or evidence for acute intracranial hemorrhage is seen. On the images obtained through the brain, the visualized portions of the paranasal sinuses and mastoid air cells appear clear.

**Impression:** Grossly unremarkable non-contrast CT of the brain.

CHARLES MUCHNOK, M.D.

CM:dk

4-1305  
WJN  
000083



FCI—ELKTON

NAME: DARRYL BAKER  
PATIENT #: 19613-039  
PHYSICIAN: QUINN  
D.O.S.: 3-28-05

**CT SCAN OF THE BRAIN W/O CONTRAST**

**HISTORY:** Left orbit fracture.

**TECHNIQUE:** Axial sections are obtained from the base of the skull to the vertex. The patient also is having a CT scan of the orbits. Please see orbit report.

**FINDINGS:** The ventricular system is midline without evidence for hydrocephalus, mass effect, or midline shift. No intra-axial or extra-axial fluid collection or evidence for acute intracranial hemorrhage is seen. On the images obtained through the brain, the visualized portions of the paranasal sinuses and mastoid air cells appear clear.

**Impression:** Grossly unremarkable non-contrast CT of the brain.

CHARLES MUCHNOK, M.D.

CM:dk

4105  
MJC  
MICHELE J. FLEET, M.D.  
CLINICAL DIRECTOR

000084

FCI—ELKTON

NAME: DARRYL BAKER  
PATIENT #: 19613-039  
PHYSICIAN: QUINN  
D.O.S.: 3-28-05

CT SCAN OF THE ORBITS

HISTORY: Left orbital fracture.

TECHNIQUE: Axial and coronal sections are obtained through the orbits.

FINDINGS: The patient's history states left orbital fracture. On today's exam visualized portions of the paranasal sinuses appear clear. There is some nasal septal deviation towards the left. The left frontal sinus is hypoplastic. The globes and the optic nerve appear fairly symmetric. There appears to be a fracture involving the left orbital floor. Absence of bone is noted involving the posterior aspect of the orbital floor and lateral aspect. This is near but does not extend to the apex. The inferior rectus muscle extends to this defect but does not definitely appear to be entrapped. Minimal left maxillary sinus mucosal thickening is present. I suspect this is not an acute fracture. I see minimal if any soft tissue swelling. Artifact from dental hardware limits our evaluation slightly. The uncinate process appears intact bilaterally. Osteomeatal units appear to be intact. On axial images there is a question of a subtle possibly healed fracture involving the left lateral orbital wall.

Impression: 1. There is a bony defect involving the posterior lateral aspect of the left orbital floor. I suspect this represents an area of previous fracture. A small amount of orbital fat extends into this area. The left inferior rectus muscle extends to this defect but not through the defect. It does not appear to be entrapped.  
2. Minimal mucosal thickening, left maxillary sinuses. The remainder of the paranasal sinuses appear clear. No air fluid levels are identified.  
3. Left frontal sinus is hypoplastic.

CHARLES MUCHNOK, M.D.

CM:dk

4/105  
[Signature]  
DIRECTOR

000085

FCI—ELKTON

NAME: DARRYL BAKER  
PATIENT #: 19613-039  
PHYSICIAN: QUINN  
D.O.S.: 3-28-05

**CT SCAN OF THE BRAIN W/O CONTRAST**

**HISTORY:** Left orbit fracture.

**TECHNIQUE:** Axial sections are obtained from the base of the skull to the vertex. The patient also is having a CT scan of the orbits. Please see orbit report.

**FINDINGS:** The ventricular system is midline without evidence for hydrocephalus, mass effect, or midline shift. No intra-axial or extra-axial fluid collection or evidence for acute intracranial hemorrhage is seen. On the images obtained through the brain, the visualized portions of the paranasal sinuses and mastoid air cells appear clear.

**Impression:** Grossly unremarkable non-contrast CT of the brain.

CHARLES MUCHNOK, M.D.

CM:dk

40105  
000086

MICHELE J. KELLER, D.O.  
CLINICAL DIRECTOR

FCI—ELKTON

NAME: DARRYL BAKER  
PATIENT #: 19613-039  
PHYSICIAN: QUINN  
D.O.S.: 3-28-05

CT SCAN OF THE ORBITS

HISTORY: Left orbital fracture.

TECHNIQUE: Axial and coronal sections are obtained through the orbits.

FINDINGS: The patient's history states left orbital fracture. On today's exam visualized portions of the paranasal sinuses appear clear. There is some nasal septal deviation towards the left. The left frontal sinus is hypoplastic. The globes and the optic nerve appear fairly symmetric. There appears to be a fracture involving the left orbital floor. Absence of bone is noted involving the posterior aspect of the orbital floor and lateral aspect. This is near but does not extend to the apex. The inferior rectus muscle extends to this defect but does not definitely appear to be entrapped. Minimal left maxillary sinus mucosal thickening is present. I suspect this is not an acute fracture. I see minimal if any soft tissue swelling. Artifact from dental hardware limits our evaluation slightly. The uncinate process appears intact bilaterally. Osteomeatal units appear to be intact. On axial images there is a question of a subtle possibly healed fracture involving the left lateral orbital wall.

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3. Left frontal sinus is hypoplastic.

CHARLES MUCHNOK, M.D.

CM:dk

40105  
MICHELE J. KRUEGER, D.O.  
CLINICAL EVALUATOR 000087



&lt;&lt;Page 2&gt;&gt;

\*\*\* BRADFORD REGIONAL MEDICAL CENTER \*\*\*  
 116 INTERSTATE PARKWAY  
 BRADFORD, PA 16701

\*\*\*\*\* DIAGNOSTIC IMAGING DEPARTMENT \*\*\*\*\*

Patient	FC	Admit	Birth Dt	Age	Sex	SSN	Room	PT	MR Number
4413508	11	04-09-04	06-30-62	41	M	370-78-2859		O	000225186

BAKER, DARRYL # 19613-039 Phone#: (814) 362-8900 Date: 04/09/04  
 PO BOX 5000 BRADFORD PA 16701 Time: 10:31

Ref Phys:

Att Phys: PHYSICIAN, OTHER

Adm Dx: LEFT EYE MUSCLE ENLARGEMENT

Adm Phys:

Tech: JANB

Procedure: 0400 CT - Brain and Orbits

Approval #:

Explained to Pt: Y

Req Phys: DR. BEAM

Preg: NA Shielded: NA

Reason: LEFT EYE MUSCLE ENLARGEMENT

Priority: Routine

Date to do: 04-09-04

Consent: Y Prepped: Y

Preg Status: Patient is Male

2nd Chk LMP: NA

LMP Status:

Cont. Sensitive: N

Alrgy/Food: NONE

Oral contrast: N

Alrg/Med: NONE

Alrgy: N

Comments:

Lab Tests: N Attempts: 1

Handicap:

Contrast: OMNI

Resuscitate:

High Risk Falls:

Dose: 90

Time: 10:30

Site: LT ELBOW

Tech: JANB

FOV: NA

Radiologist: Mark J. Welch, MD

abnormal area of attenuation or enhancement is demonstrated. There is no evidence of mass effect or edema. The posterior fossa and brain stem are unremarkable.

IMPRESSION:

Normal CT brain.

gk

Electronic verification by Mark J. Welch, MD

*Disregard  
 original CT report*

*This is the revised  
 reading*

*H. BEAM, MD  
 FCI MCKEAN*

000089

\*\*\* BRADFORD REGIONAL MEDICAL CENTER \*\*\*  
 116 INTERSTATE PARKWAY  
 BRADFORD, PA 16701

\*\*\*\*\* DIAGNOSTIC IMAGING DEPARTMENT \*\*\*\*\*

Patient	FC	Admit	Birth Dt	Age	Sex	SSN	Room	PT	MR Number
4413508	11	04-09-04	06-30-62	41	M	370-78-2859		O	000225186

BAKER, DARRYL  
 PO BOX 5000 BRADFORD Phone#: (814) 362-8900 Date: 04/09/04  
 PA 16701 Time: 10:31

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Tech: JANB

Procedure: 0400 CT - Brain and Orbits

Approval #:

Explained to Pt: Y

Req Phys: DR. BEAM

Preg: NA Shielded: NA

Reason: LEFT EYE MUSCLE ENLARGEMENT

Priority: Routine

Date to do: 04-09-04

Consent: Y Prepped: Y

Preg Status: Patient is Male

2nd Chk LMP: NA

LMP Status:

Cont. Sensitive: N

Alrgy/Food: NONE

Oral contrast: N

Alrg/Med: NONE

Alrgy: N

Comments:

Lab Tests: N Attempts: 1

Contrast: OMNI

Handicap:

Dose: 90

Time: 10:30

Resuscitate:

High Risk Falls:

Site: LT ELBOW

Tech: JANB

FOV: NA

Radiologist: Mark J. Welch, MD  
 0400 CT - Brain and Orbits

Date Typed: 4/9/2004

Date Dictated: 4/9/2004

CT BRAIN AND ORBITS:

Axial scans of the brain were obtained before and after intravenous contrast administration. There is no displacement of the midline structures. The ventricular system is of average size and symmetric. No abnormal area of attenuation or enhancement is demonstrated. There is no evidence of mass effect or edema. The posterior fossa and brain stem are unremarkable. No mass is seen. No calcifications or soft tissue masses are noted.

#### IMPRESSION:

Normal CT brain and orbits.

Me

*See revised reading*  
*H. Beam*

H. BEAM, MD  
 FCI MCKEAN

REVIEWED BY:

*H. Beam*  
 4/13/04  
 H. BEAM, MD  
 FCI MCKEAN

Electronic verification by Mark J. Welch, MD

*4/15/04*

000050

*This report has been updated*



\* DEMAND PRINT REQUEST \* 4413508-3

\*\*\* BRADFORD REGIONAL MEDICAL CENTER \*\*\*  
116 INTERSTATE PARKWAY  
BRADFORD, PA 16701

\*\*\*\*\* DIAGNOSTIC IMAGING DEPARTMENT \*\*\*\*\*

Patient	FC	Admit	Birth Dt	Age	Sex	SSN	Room	PT	MR Number
4413508	11	04-09-04	06-30-62	41	M	370-78-2859		O	000225186

BAKER, DARRYL Phone#: (814) 362-8900 Date: 04/09/04  
PO BOX 5000 BRADFORD PA 16701 Time: 10:31

Ref Phys:

Att Phys: PHYSICIAN, OTHER

Adm Phys:

Adm Dx: LEFT EYE MUSCLE ENLARGEMENT

Tech: JANB

Procedure: 0400 CT - Brain and Orbits

Approval #:

Req Phys: DR. BEAM

Reason: LEFT EYE MUSCLE ENLARGEMENT

Priority: Routine

Date to do: 04-09-04

Preg Status: Patient is Male

LMP Status:

Alrgy/Food: NONE

Alrg/Med: NONE

Comments:

Explained to Pt: Y

Preg: NA Shielded: NA

Consent: Y Prepped: Y

2nd Chk LMP: NA

Cont. Sensitive: N

Oral contrast: N

Alrgy: N

Lab Tests: N Attempts: 1

Contrast: OMNI

Dose: 90

Time: 10:30

Site: LT ELBOW

Tech: JANE

FOV: NA

Radiologist: Mark J. Welch, MD

0400 CT - Brain and Orbits

Date Typed: 4/9/2004

Date Dictated: 4/9/2004

CT BRAIN AND ORBITS:

Axial scans of the brain were obtained before and after intravenous contrast administration. There is no displacement of the midline structures. The ventricular system is of average size and symmetric. No abnormal area of attenuation or enhancement is demonstrated. There is no evidence of mass effect or edema. The posterior fossa and brain stem are unremarkable. No mass is seen. No calcifications or soft tissue masses are noted.

IMPRESSION:

Normal CT brain and orbits.

Me

REVIEWED BY:

*DR. BEAM*  
4/12/04

H. BEAM, MD  
FCI MCKEAN

Ord.Date 07/25/01 BAKER, DARRYL ORRIN R. GOLDE  
19613-039  
APPLY TO AFFECTED AREA TWO TIMES  
A DAY

Rx # 7919 BACITRACIN/POLY B OINT #1

Ord.Date 09/19/01 BAKER, DARRYL ORRIN R. GOLDE  
19613-039 (0)Refills  
APPLY SPARINGLY TWICE DAILY

Rx # 9185 FLUOCINONIDE 0.05% CRM #1

Ord.Date 05/17/02 BAKER, DARRYL ORRIN S. MIDDLE  
19613-039 (1)Refills  
Exp.Date 06/13/02 APPLY SPARINGLY TWICE DAILY

Rx # 14828 FLUOCINONIDE 0.05% CRM #1

Ord.Date 07/01/02 BAKER, DARRYL ORRIN M. CONDO  
19613-039 (1)Refills  
Exp.Date 07/14/02 TAKE ONE TABLET 4 TIMES DAILY  
UNTIL FINISHED

Rx # 15870 PENICILLIN VK 250 MG TAB #28

Ord.Date 07/20/02 BAKER, DARRYL ORRIN M. CONDO  
19613-039 (0)Refills  
Exp.Date 07/26/02 TAKE ONE TABLET 4 TIMES DAILY  
UNTIL FINISHED

Rx # 16270 PENICILLIN VK 250 MG TAB #28

Ord.Date 09/19/01 BAKER, DARRYL ORRIN R. GOLDE  
19613-039 (1)Refills  
APPLY TO AFFECTED AREA TWO TIMES  
A DAY

Rx # 9184 KETOCONAZOLE 2% CRM #1

Ord.Date 10/19/01 BAKER, DARRYL ORRIN S. MIDDLE  
19613-039 (0)Refills  
APPLY SPARINGLY TWICE DAILY

Rx # 9918 FLUOCINONIDE 0.05% CRM #1

Ord.Date 06/01/02 BAKER, DARRYL ORRIN T. TYGER  
19613-039 (3)Refills  
Exp.Date 06/28/02 TAKE ONE CAPSULE 4 TIMES DAILY  
UNTIL FINISHED

Rx # 15168 DICLOXACILLIN 250 MG CAP #28

Ord.Date 07/13/02 BAKER, DARRYL ORRIN M. CONDO  
19613-039 (0)Refills  
Exp.Date 07/17/02 TAKE ONE TABLET 4 TIMES DAILY  
UNTIL FINISHED

Rx # 16118 PENICILLIN VK 250 MG TAB #20

Ord.Date 08/08/02 BAKER, DARRYL ORRIN T. TYGER  
19613-039 (0)Refills  
Exp.Date 08/14/02 TAKE ONE CAPSULE 4 TIMES DAILY  
UNTIL FINISHED

Rx # 16700 TETRACYCLINE HCL 250 MG CAP #28

000092

REGNO: 19613-039  
PATIENT: BAKER, DARRYL  
DOB: 06-30-1962

ARS: A-DES  
UNIT: (NO ASSIGNMENT)  
QUARTERS: (NO ASSIGNMENT)

DISABILITIES: NONE

ALLERGIES: NONE

RX #: 400126784

DRUG: SELENIUM SULFIDE 2.5% LOTION, 120 ML

SIG: USE TWICE A WEEK AS DIRECTED ON BOTTLE

QTY: 1 # OF REFILLS: 2

ISSUE/EXPR: 07-13-00/10-11-00

PHYS: MIDDLEKAUFF, SCOTT FILLED BY: 23

FILL DATE : 07-13-00

DIVISION: FCI LORETTO (114)

ACTIVE

2 REFILLS LEFT

○

000093

Pharmacy Services  
EAN, PA 16701 814-362-8900

9202 J. GOMEZLEON 11/20/  
ARRYL 19613-0  
TABLETS EVERY 8 HOURS WITH FOOD

PEN 400 MG TABLET #30  
0 REFILLS EXPIRES 12/20/  
Pharmacy Services  
EAN, PA 16701 814-362-8900

9203 J. GOMEZLEON 11/20/  
ARRYL 19613-0  
TABLETS IMMEDIATELY THEN TAKE 1 TABLET  
HOURS

RBAMOL 500 MG. TABLET #15  
0 REFILLS EXPIRES 12/20/9  
Pharmacy Services  
EAN, PA 16701 814-362-8900

0960 T. MONTGOMERY 12/28/95  
ARRYL 19613-039  
OR 2 TABLETS 3 TIMES A DAY WITH FOOD

PEN 400 MG TABLET #20  
0 REFILLS EXPIRES 01/27/96  
Pharmacy Services  
EAN, PA 16701 814-362-8900

0961 T. MONTGOMERY 12/28/95  
ARRYL 19613-039  
TABLET 4 TIMES A DAY

RBAMOL 500 MG. TABLET #10  
0 REFILLS EXPIRES 01/27/96

Pharmacy Services  
EAN, PA 16701 814-362-8900

2638 J. GOMEZLEON 01/30/96  
ARRYL 19613-039  
TABLET EVERY 8 HOURS WITH FOOD

EN 800 MG TABLET #20  
0 REFILLS EXPIRES 02/29/96

*aker, Darryl*  
*19613-039*

Pharmacy Services  
FCI McKEAN, PA 16701 814-362-8900

RX400032639 J. GOMEZLEON 01/30/9  
BAKER, DARRYL 19613-03  
TAKE 1 TABLET EVERY 6 TO 8 HOURS

METHOCARBAMOL 500 MG. TABLET #12  
0 REFILLS EXPIRES 02/29/  
EA

FCI McKEAN, PA 16701 814-362-8900  
RX400034538 H. SIDHON 03/11/96  
BAKER, DARRYL 19613-039  
TAKE 1 TABLET 4 TIMES A DAY

PSEUDOEPHEDRINE HCL 30 MG TABLET #20  
0 REFILLS EXPIRES 04/10/96  
RA

Pharmacy Services  
FCI McKEAN, PA 16701 814-362-8900  
RX400034539 H. SIDHON 03/11/96  
BAKER, DARRYL 19613-039  
TAKE 2 TABLETS 3 TIMES A DAY AS NEEDED

ACETANINOPHEN 325 MG TABLET #30  
0 REFILLS EXPIRES 04/10/96  
RA

Pharmacy Services  
FCI McKEAN, PA 16701 814-362-8900  
RX400037883 Dr. A. GUNTHER 05/13/96  
BAKER, DARRYL 19613-039  
TAKE 1 TABLET 4 TIMES A DAY AS NEEDED

IBUPROFEN 400 MG TABLET #20  
0 REFILLS EXPIRES 06/12/96  
RA

Pharmacy Services  
FCI McKEAN, PA 16701 814-362-8900  
RX400037884 Dr. A. GUNTHER 05/13/96  
BAKER, DARRYL 19613-039  
TAKE 1 TABLET 4 TIMES A DAY AS NEEDED

METHOCARBAMOL 500 MG. TABLET #12  
0 REFILLS EXPIRES 06/12/96  
RA

Pharmacy Services  
FCI McKEAN, PA 16701 814-362-8900

RX400038326 G. CONNELL 02/27/96  
BAKER, DARRYL 19613-039  
TAKE 1 TABLET 3 TIMES A DAY

IBUPROFEN 400 MG TABLET #21  
0 REFILLS EXPIRES 06/20/96  
RA

Pharmacy Services  
FCI McKEAN, PA 16701 814-362-8900  
RX400048126 S. WALTER 12/27/95  
BAKER, DARRYL 19613-039  
TAKE 1 TABLET 3 TIMES A DAY WITH FOOD

IBUPROFEN 800 MG TABLET #21  
0 REFILLS EXPIRES 01/20/97  
CG

Pharmacy Services  
FCI McKEAN, PA 16701 814-362-8900  
RX400048201 S. WALTER 12/27/95  
BAKER, DARRYL 19613-039  
TAKE 1 TABLET 3 TIMES A DAY WITH FOOD

IBUPROFEN 800 MG TABLET #15  
0 REFILLS EXPIRES 01/29/97  
CG

Pharmacy Services  
FCI McKEAN, PA 16701 814-362-8900  
RX400062373 W. FLATT 11/25/97  
BAKER, DARRYL 19613-039  
TAKE 1 TABLET 3 TIMES A DAY WITH FOOD

IBUPROFEN 800 MG TABLET #21  
1 REFILLS EXPIRES 12/17/97  
CG

Pharmacy Services  
FCI McKEAN, PA 16701 814-362-8900  
RX400064614 Dr. D. OLSON 01/23/98  
BAKER, DARRYL 19613-039  
TAKE 1 TABLET 3 TIMES A DAY WITH FOOD AS NEEDED

IBUPROFEN 800 MG TABLET #21  
1 REFILLS EXPIRES 03/24/96  
CG

000094